Study ID: _____

Pre-op, 3 mo, 6 mo, 1 yr, 2 yr, 3 yr, 4 yr, 5 yr, 10 yr, 15 yr, 20 yr, 25 yr, 30 yr

Appendix B:
Open vs. Arthroscopic Reconstruction for the Treatment of Traumatic, Anterior, Unidirectional, Shoulder Subluxations:
West Point Shoulder Evaluation Form

Today's Date: _____
Year of Graduation: _____

A. INJURY HISTORY

1. **Date of Initial Injury:** _____

2. **What type of sport you were playing when you were injured?**

a. Contact Sport
b. Contact Sport
c. Non Contact Sport
d. Other _____

3. **What sport were you playing when you were injured? If no sport involved, please explain the activity.**

_____

4. **Please circle the type of injury you sustained and explain the circumstances surrounding your injury.**

a. Contact injury _____
b. Non-contact injury _____
c. Other _____

5. **When you were injured, at what level of competition were you playing?**

a. Corps Squad Athletics
b. Club
c. IM
d. Department of Physical Education
e. Free-time activity
f. Military Training activity

6. **What is your dominant arm?**
a. right
b. left

7. **What shoulder did you injure?**
a. right
b. left

8. **How many push-ups can you do now?**

_____

9. **How many push-ups could you do before your injury?**

_____

10. **What sports have you played since your injury? (Please list them all)**

_____

11. **At what level are you currently functioning?**

a. At Pre-Injury level
b. Better Than Pre-Injury Level

12. **At what percent of your pre-injury level are you functioning**?

_____ % of Pre-Injury Level

13. **If you feel you are functioning at 100% of your pre-injury level, how many months after surgery did you reach this level?**

_____ months

14. **How many hours per week do you participate in sports/activities?**

_____ hrs / wk

15. **On a scale from 1 – 100, how would you rate your shoulder with 100 being normal**?

_____

B. POST-OPERATIVE EVALUATION

Please indicate N/A if you have either not yet had surgery or elected not to have surgery.

1. **Date of surgery:** _____

2. **What type of surgery did you have?**
a. Open Bankart Repair
b. Arthroscopic Bankart Repair

3. **Please list all previous surgeries you have had, the date, and the type of procedure.**

_____

_____

4. **Where did you spend the majority of time rehabilitating your shoulder during the following periods (e.g. Physical Therapy, DPE training room)**

a. Day of Surgery thru 4 Weeks Post-op: _____

b. 1 Month Post-op thru 3 Months Post-op: _____

c. 4 Months Post-op thru 6 Months Post-op: _____

5**. Which courses have you had since surgery (circle all that apply and indicate any additional courses)?**

a. boxing
b. wrestling
c. CQC
d. Military Movements – Gymnastics
e. swimming
f. IOCT
g. Other _____

6. **We would like to know whether you have had any dislocations or subluxations that had to be reduced either by you or someone else since your surgery. Since your surgery, have you had:**

a. **Recurrent Dislocation?** Yes No

If yes, how many months after surgery did you have your first redislocation? _____
How many episodes have you had? _____

b. **Recurrent Subluxation?** Yes No

If yes, how many months after surgery did you have your first subluxation? _____
How many episodes have you had? _____

c. During what activity did the first redislocation/resubluxation occur?

_____

COMMENTS: (Please feel free to provide us with feedback on your care and current status)

Study ID: _____

Pre-op, 3 mo, 6 mo, 1 yr, 2 yr, 3 yr, 4 yr, 5 yr, 10 yr, 15 yr, 20 yr, 25 yr, 30 yr

C. WESTERN ONTARIO SHOULDER INSTABILITY INDEX (WOSI)

Please place an "X" on the line that corresponds accurately with your symptoms. The further to the right you put you "X", the more you experience that symptom. The further left you put your "X" the less you experience that symptom. Please do not place your "X" outside the line.

Section A: Physical Symptoms

1. How much pain do you experience in your shoulder with overhead activities?

No Pain _____ Extreme Pain

2. How much aching or throbbing do you experience in your shoulder?

No Aching/ Throbbing _____ Extreme Aching/ Throbbing

3. How much weakness or lack of strength do you experience in you shoulder?

No Weakness _____ Extreme Weakness

4. How much fatigue of lack of stamina do you experience in your shoulder?

No Fatigue _____ Extreme Fatigue

5. How much clicking, cracking, or snapping do you experience in your shoulder?

No Clicking _____ Extreme Clicking

6. How much stiffness do you experience in your shoulder?

No Stiffness _____ Extreme Stiffness

7. How much discomfort do you experience in your neck muscles as a result of your shoulder?

No discomfort _____ Extreme Discomfort

8. How much feeling of instability or looseness do you experience in your shoulder?

No instability _____ Extreme Instability

9. How much do you compensate for your shoulder with other muscles?

Not at all _____ Extreme

10. How much loss of range of motion do you have in your shoulder?

No loss _____ Extreme loss

Section B: Sports/Recreation/Work

11. How much has your shoulder limited the amount you can participate in sports or recreational activities?

Not limited _____ Extremely limited

12. How much has your shoulder affected your ability to perform the specific skills required for your sport or work? (If your shoulder affects both sports and work, consider the area that is most affected.)

Not affected _____ Extremely affected

13. How much do you feel the need to protect your arm during activities?

Not at all _____ Extreme

14. How much difficulty do you experience lifting heavy objects below shoulder level?

No difficulty _____ Extreme difficulty

Section C: Lifestyle

15. How much fear do you have of falling on your shoulder?

No fear _____ Extreme fear

16. How much difficulty do you experience maintaining your desired level of fitness?

No difficulty _____ Extreme difficulty

17. How much difficulty do you have "roughhousing or horsing around" with family or friends?

No difficulty _____ Extreme difficulty

18. How much difficulty do you have sleeping because of your shoulder?

No difficulty _____ Extreme difficulty

Section D: Emotions

19. How conscious are you of your shoulder?

No conscious _____ Extremely conscious

20. How concerned are you about your shoulder becoming worse?

No concern _____ Extremely concerned

21. How much frustration do you feel because of your shoulder?

No frustration _____ Extremely frustrated

C. HEALTH STATUS QUESTIONNAIRE (SF-36)

This survey asks for your views about your general health. Please answer every question by circling the appropriate number. If you are unsure about how to answer a question, please give it the best answer you can and make a comment in the left margin, or on the back.

1. In general, would you say your health is:

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

2. Compared to one year ago, how would you rate your health in general now?

Much better now than 1 year ago	1
Somewhat better now than 1 year ago	2

About the same 3
Somewhat worse now than 1 year ago 4
Much worse now than 1 year ago 5

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

		Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at All
a.	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c.	Lifting or carrying groceries	1	2	3
d.	Climbing several flights of stairs	1	2	3
e.	Climbing one flight of stairs	1	2	3
f.	Bending, kneeling, or stooping	1	2	3
g.	Walking more than 1 mile	1	2	3
h.	Walking several hundred yards	1	2	3
i.	Walking one hundred yards	1	2	3
j.	Bathing and dressing yourself	1	2	3

4. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?

		All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a.	Cut down on the amount of time you spent on work or other activities	1	2	3	4	5
b.	Accomplished less than you would like	1	2	3	4	5
c.	Were limited in the kind of work or other activities	1	2	3	4	5
d.	Had difficulty performing the work or other activities (for example, it took extra effort)	1	2	3	4	5

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

		All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a.	Cut down on the amount of time you spent on work or other activities	1	2	3	4	5
b.	Accomplished less than you would like	1	2	3	4	5
c.	Didn't do work or other activities as carefully as usual	1	2	3	4	5

6. During the <u>past 4 weeks</u>, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all 1
Slightly 2
Moderately 3
Quite a bit 4
Extremely 5

7. How much <u>bodily</u> pain have you had during the <u>past 4 weeks</u>?

None 1
Very mild 2
Mild 3

Moderate 4
Severe 5
Very severe 6

8. During the past 4 weeks, how much did pain interfere with your normal work (including work both outside the home and housework)?

Not at all 1
A little 2
Moderately 3
Quite a bit 4
Extremely 5

9. **These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please indicate the one answer that comes closest to the way you have been feeling. How much of the time during <u>the past 4 weeks…</u>**

	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a. Did you feel full of life?	1	2	3	4	5
b. Have you been very nervous?	1	2	3	4	5
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5
d. Have you felt calm and peaceful?	1	2	3	4	5
e. Did you have a lot of energy?	1	2	3	4	5
f. Have you felt downhearted and depressed?	1	2	3	4	5
g. Did you feel worn out?	1	2	3	4	5
h. Have you been a happy person?	1	2	3	4	5
i. Did you feel tired?	1	2	3	4	5

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting your friends or close relatives)?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5

11. How TRUE or FALSE is each of the following statements for you?

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5

D. ROWE RATING SCALE

1. <u>Please circle the letter of the statement that best describes the FUNCTION of your shoulder.</u>

a. I perform all my work and sports; I have no limitation in overhead activities, my shoulder is strong in lifting, swimming, tennis, throwing; I have no discomfort. (30)

b. I have mild limitations in work and sports. My shoulder is strong. I have minimum discomfort. (25)

c. I have moderate limitations doing overhead work and heavy lifting; I am unable to throw, serve hard in tennis, or swim; I have "moderate disabling" pain. (10)

d. I have marked limitations. I am unable to perform overhead work and lifting; I cannot throw, play tennis, or swim. I have "chronic discomfort". (0)

E. SIMPLE SHOULDER TEST

Please circle yes or no.

1. **Is your shoulder comfortable with your arm at rest by your side?** Yes No

2. **Does your shoulder allow you to sleep comfortably?** Yes No

3. **Can you reach the small of your back to tuck in your shirt with your hand?** Yes No

4. **Can you place your hand behind your head with the elbow straight out to the side?** Yes No

5. **Can you place a coin on a shelf at the level of your shoulder without bending your elbow?** Yes No

6. **Can you lift 1 pound (a full pint container) to the level of your shoulder without bending your elbow?** Yes No

7. **Can you lift 8 pounds (a full gallon container) to the level of the top of your head without bending your elbow?** Yes No

8. **Can you carry 20 pounds (a bag of potatoes) at your side with the affected extremity?** Yes No

9. **Do you think you can toss a softball underhand 10 yards with the affected extremity?** Yes No

10. **Do you think you can throw a softball overhand 20 yards with the affected extremity?** Yes No

11. **Can you wash the back of your opposite shoulder with the affected extremity?** Yes No

12. **Would your shoulder allow you to work full-time at your regular job?** Yes No

Study ID: _____ **Pre-op, 3 mo, 6 mo, 1 yr, 2 yr, 3 yr, 4 yr, 5 yr, 10 yr, 15 yr, 20 yr, 25 yr, 30 yr**

F. TEGNER ACTIVITY SCORE

Please circle the number which best corresponds to your current activity level. Circle only one number. Put an X next to the number that corresponds to your pre-injury activity level.

10. Competitive sports
    Elite athlete

9. Competitive sports
    Soccer, lower divisions
    Ice hockey, Wrestling, Gymnastics, football

8. Competitive sports
    Bandy, Squash or badminton
    Athletics (jumping, etc.)
    Downhill skiing

7. Competitive sports
    Tennis, Handball
    Athletics (running)
    Motorcross, speedway
    Basketball
   Recreational sports
    Soccer, Squash
    Bandy and ice hockey
    Athletics (jumping)
    Cross-country track findings both recreational and competitive

6. Recreational sports
    Tennis and badminton
    Handball
    Basketball
    Downhill skiing
    Jogging, at least five times per week

5. Work – heavy labor (e.g., building, forestry)
   Competitive sports
    Cycling
    Cross-country skiing
   Recreational sports
    Jogging on uneven ground at least twice weekly

4. Work – Moderately heavy labor (e.g., truck driving, heavy domestic work)
   Recreational sports
    Cycling
    Cross-country skiing
    Jogging on even ground at least twice weekly

3. Work – Light labor (e.g., nursing)
    Competitive and recreational sports - swimming

2. Work – Light labor
    Walking on uneven ground possible but impossible to walk in forest

1. Work – Sedentary work
    Walking on even ground possible

0. Sick leave or disability pension because of shoulder problems

Study ID: _____

Pre-op, 3 mo, 6 mo, 1 yr, 2 yr, 3 yr, 4 yr, 5 yr, 10 yr, 15 yr, 20 yr, 25 yr, 30 yr

G. AMERICAN SHOULDER & ELBOW SOCIETY RATING SCALE

1. **Are you having pain in your shoulder?**	Yes	No
2. **Do you have pain in your shoulder at night?**	Yes	No
3. **Do you take pain medication (aspirin, Tylenol, Advil, etc)?**	Yes	No
4. **Do you take narcotic pain medication (codeine or stronger)?**	Yes	No
5. **How many pills do you take each day (average)?**	Yes	No

6. **How bad is your pain today (mark the line below)?**

0 _____ 10
No pain at all Pain as bad as it can be

7. **Does your shoulder feel unstable (as if it is going to dislocate)?** Yes No

8. **How unstable is your shoulder (mark line)?**

0 _____ 10
Very Stable Very Unstable

9. **Circle the number in the box that indicates your ability to do the following activities where 0=unable to do; 1=very difficult to do; 2=somewhat difficult; 3=not difficult.**

	Right Arm	Left Arm
a. Put on a coat	0 1 2 3	0 1 2 3
b. Sleep on your painful or affected side	0 1 2 3	0 1 2 3
c. Wash back or do up bra in back	0 1 2 3	0 1 2 3
d. Manage toileting	0 1 2 3	0 1 2 3
e. Comb hair	0 1 2 3	0 1 2 3
f. Reach a high self	0 1 2 3	0 1 2 3
g. Lift 10 lb above the shoulder	0 1 2 3	0 1 2 3
h. Throw a ball overhand	0 1 2 3	0 1 2 3
i. Do usual work: list the type of work _____	0 1 2 3	0 1 2 3
j. Do usual sport: list the type of sport _____	0 1 2 3	0 1 2 3